



AHCCCS

Arizona Health Care Cost Containment System

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Committed to excellence in health care

# **AHCCCS**

## **Electronic Remittance Advice Setup Requirements**

**December, 2003 Edition**

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## OBJECTIVE & SCOPE

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The purpose of this document is to define the requirements for receiving the AHCCCS Fee-for Service Remittance Advice in electronic format. Each provider will have the option of receiving files through the internet. All providers who wish to receive remits electronically will be required to submit the appropriate forms relating to security and provider information. Providers will also need to contact AHCCCS to provide and/or receive additional information. Any problem encountered in the electronic remittance advice from AHCCCSA should be directed to the AHCCCS Customer Support Center. ***Please note that this does not include any questions regarding this manual, or any issues, which may arise during the testing process.*** These questions should be directed to the Electronic Claims Submission Unit. Please see the *Testing* section of this manual for further information in this area.

**AHCCCS CUSTOMER SUPPORT CENTER: (602) 417-4451**

Please be prepared to supply the following information:

- Topic of call (“Electronic Remittance Advice”)
- Name
- Organization
- Phone number
- Nature of problem (dial-up, receipt status, etc.)

This information will be logged, assigned a Ticket Number, and the Support Center will assign the ticket to the appropriate staff member to answer your question. Your call will be returned as soon as possible. Please reference the Ticket Number assigned to your original call on any subsequent call to the Customer Support Center, which deal with the same issue.

The AHCCCS Customer Support Center should NOT be contacted for issues dealing with the testing process (receipt of claims, status of test, etc.). Please see the *Testing* section of this manual for further information on the testing process.

The AHCCCS Customer Support Center is staffed from 8:00 a.m. until 5:00 p.m. (Arizona time), Monday through Friday.

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# SETUP REQUIREMENTS

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All providers will receive remittance advice files through the internet, utilizing the HIPAA 835 transaction code set.

There are three forms that will be discussed later in this chapter. All forms will need to be completed by the provider and returned to AHCCCS prior to the initiation of testing. They include:

- A. AHCCCS-Electronic Data Exchange Request
- B. Arizona Health Care Cost Containment System User Affirmation Statement
- C. Electronic Transmission of AHCCCS Fee-For-Service Remittance Advice

All forms can be mailed to:

AHCCCS ECS Unit  
MD8600  
701 E. Jefferson Street  
Phoenix, AZ 85034

Fax to:  
AHCCCS Electronic Claims Submission Unit  
(602) 253-5472

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# FUNCTIONAL REQUIREMENTS

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## Updated Remittance Process

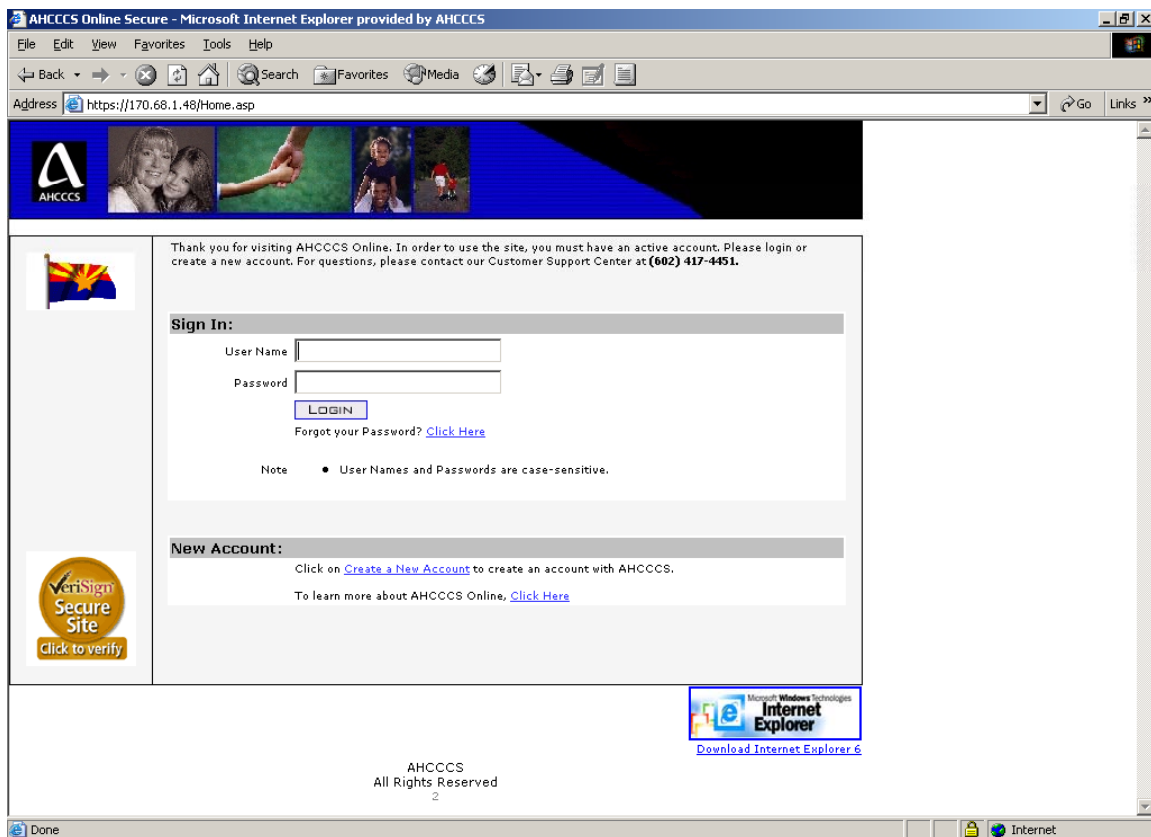
Using the upgraded AHCCCS Remit process, you can download your remittances directly from a secure AHCCCS Internet website and store them in either electronic or hardcopy format, depending on your preference.

If you already have an active username and password to the AHCCCS Online website, please disregard the first section of this document and proceed directly to the “Accessing Your Remittances” section.

## Accessing the AHCCCS Online Website

In order to access this site, you will need a username and password approved by AHCCCS. If you do not currently have an active account, you can sign up for one in the following manner:

1. Access the AHCCCS website:  
Production: <https://scertsrv.ahcccs.state.az.us/Home.asp>
2. Click on the “Create a New Account” link the “New Account” section of the page.



3. Read and agree to the AHCCCS End User Agreement (if you do not agree, you can not complete the account creation process).

The screenshot shows a Microsoft Internet Explorer browser window titled "AHCCCS Online Secure - Microsoft Internet Explorer provided by AHCCCS". The address bar displays "https://170.68.1.48/Enroll\_UserAgreement.asp". The page features a header with the AHCCCS logo and a navigation bar with links for "Home" and "FAQ".

**Enrollment Steps**

1. User Agreement
2. Select Account
3. Verification
4. Create Profile
5. Account Created

Please read the following terms of use and indicate that you agree by clicking the "I Agree" button at the bottom of the page

**Warning:** The information provided through the AHCCCS Online Web Application is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to the administration of Arizona Health Care Cost Containment System. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act.

The Master Account Holder is responsible for ensuring the confidentiality of any information obtained from this web application by persons using the Master Account Holder user ID or any individual user IDs approved by the Master Account Holder.

The Master Account Holder is responsible for informing itself and its employees and agents of the requirements of all applicable privacy laws and ensuring:

Compliance with the license agreement,  
That individual accounts are limited to employees who need the information to perform their employment-related duties,  
That inactive individual accounts are deactivated, and  
That the Master and individual user IDs and passwords are not shared or disclosed.

AHCCCS  
All Rights Reserved  
2

4. Enter your provider number and tax ID number into the fields as requested.

**AHCCCS Online Secure - Microsoft Internet Explorer provided by AHCCCS**

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print

Address [https://170.68.1.48/Enroll\\_NewAccountInfo.asp](https://170.68.1.48/Enroll_NewAccountInfo.asp) Go Links

**AHCCCS**

Home | FAQ

**Enrollment Steps**

1. User Agreement
2. Select Account
- 3. Verification**
4. Create Profile
5. Account Created

**Please provide the following information:**

\* Indicates a required field.

Use only the first 6 digits of your provider number.

Provider Number\*

Tax ID Number\*

AHCCCS  
All Rights Reserved  
2

Done Internet

5. Create your user profile (including your username, password, hint question and answer, account type selection, and contact information).

Address [https://170.68.1.48/Enroll\\_GetUserInfo.asp?PID=313643&taxid=860788300](https://170.68.1.48/Enroll_GetUserInfo.asp?PID=313643&taxid=860788300)

Home | FAQ

**Enrollment Steps**

1. User Agreement
2. Verification
- 3. Create Profile**
4. Account Created

Please verify that the following information is related to the provider for which you wish to create an account. If it is incorrect and not the provider for which you are authorized to create an account, [click here](#) to return to the provider input form.

Provider Information:	
Provider Name	SURGICENTER
Provider Number	313643
Tax ID Number	860788300

\* Indicates a required field.

In order to create your account, please provide the following information about yourself

**Enter a User Name and Password: (At least 6 characters)**

User Name\*

Password\*

Confirm Password\*

Please choose a hint question and answer to be used to retrieve your password should you forget it. (Mothers maiden name, pets name etc...)

**Choose a Hint Question and Answer:**

Hint Question\*

Answer\*

Individual accounts will be activated by a master account holder for your provider. If you have any questions regarding creating an INDIVIDUAL account, please contact your local master account holder for more information.

In order to create an account, please provide the following information about yourself.

**User Account Information:**

First Name\*

Last Name\*

6. Successful completion of the web-based account request process will be followed by a letter sent to you via US mail containing your account activation code. You cannot access the website without first completing your account setup with this activation code.



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# ACCESSING YOUR REMITTANCES

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1. Use the username and password from your activated account to gain access to the AHCCCS Online website.

AHCCCS Online Secure - Microsoft Internet Explorer provided by AHCCCS

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <https://scertsrv.ahcccs.state.az.us/Home.asp> Go Links

**AHCCCS**

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or Create a New Account.

**Sign In:**

User Name

Password

**LOGIN**

Forgot your Password? [Click Here](#)

Note • User Names and Passwords are case-sensitive.

**New Account:**

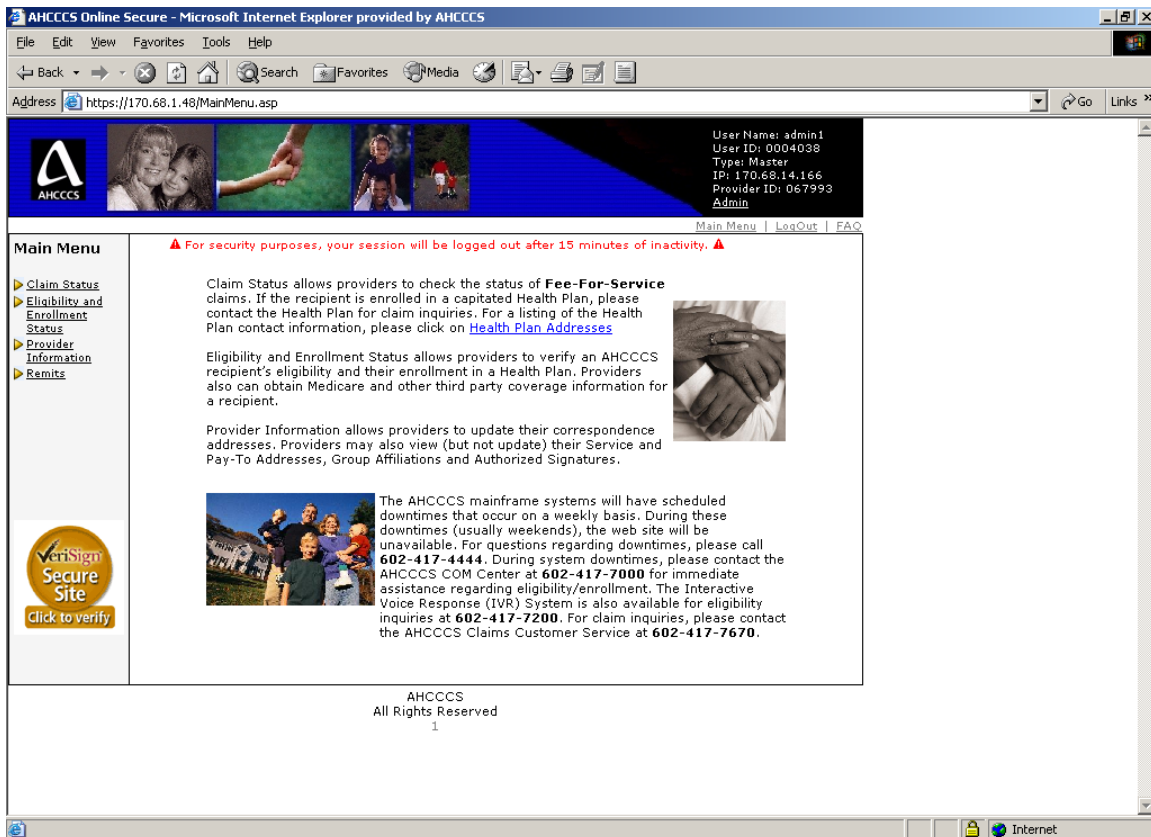
Click on [Create a New Account](#) to create an account with AHCCCS.

To learn more about AHCCCS Online, [Click Here](#)

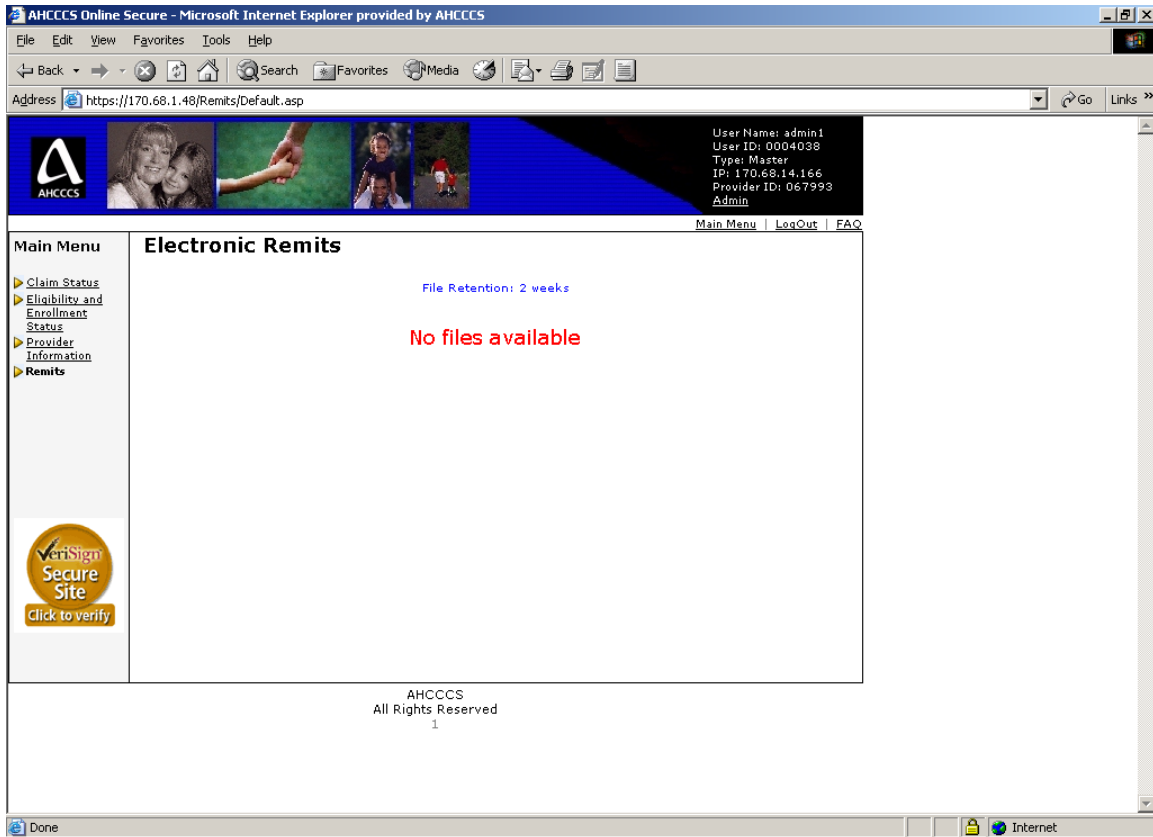
Done Internet

Start I. S. R. H. M. 2. 2. R. F. P. D. A. 2:34 PM

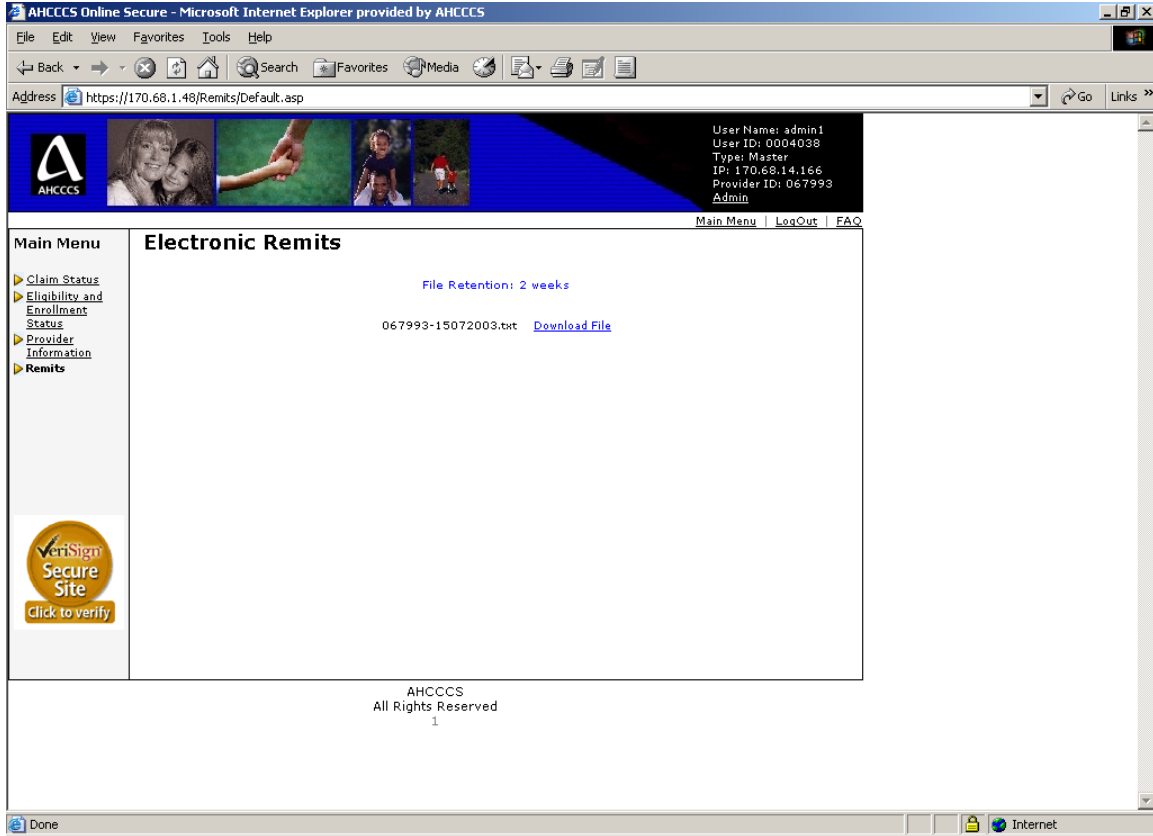
2. Access the Remittances site functionality by clicking on the “Remits” link on the left side of the page (bottom link available in the Main Menu on the left side of the page).



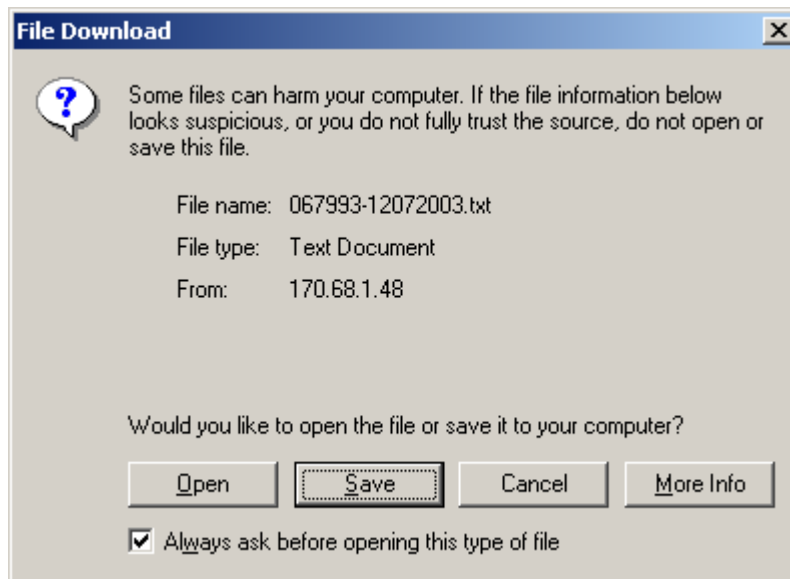
3. If you have no available remittance files, you will instead receive the following page advising you of the lack of available files.



4. If you have any available remittance files, they will be listed on the next page.



- 
5. To download a remittance file, click the “download file” link to the right of the filename corresponding to the file that you wish to download. You will then see this popup box appear on the screen.



6. Click the “Save” button. You will then be provided a window in which to specify where you wish the remit file saved.
  7. Specify a location and click the “Save” button. The file has been saved and can be accessed directly from there, and displayed in any text editor (Notepad, WordPad, WinWord, etc.).
- \*Note:** Remittance files are retained by AHCCCS Online for 2 weeks. After 2 weeks, they will no longer be available via AHCCCS Online.

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# SIGN UP PROCEDURES

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## Sign up Overview

Before a Provider or Vendor can receive a remittance file a provider must register and obtain a copy of the Trading Partner Agreement (T.P.A.) and Electronic Remittance Advice Manual.

The receiver must complete the T.P.A, including each applicable provider ID, AHCCCSA will validate the T.P.A. and update the provider ERA indicator and forward the information to the ISD testing Unit, which will update the 835 Trading Partner Table.

The receiver will notify AHCCCS Electronic Claim Submission Unit of their readiness to test. At this time an automated ERA test job will be ran and create a generic test file. The ECS Unit will track the testing and provide technical assistance to receiver and coordinate with ISD as necessary.

Once the receiver has passed testing requirements, the ECS unit will notify the receiver of their readiness to receive 835 Remittance Advice in production.

## Documents

Forms 1 through 3 should be completed and returned to the Electronic Claims Submission Unit for processing.

<b>Form A</b>	<i>User Affirmation Statement</i>
<b>Form B</b>	<i>Electronic Data Exchange Request</i>
<b>Form C</b>	<i>Electronic Transmission of AHCCCS Fee-For-Service Remittance Advice</i>

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## **Form A**

### **User Affirmation Statement**

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# Form A-Internet

## Arizona Health Care Cost Containment System

### USER AFFIRMATION STATEMENT

I have been made aware and understand that all personnel who have access to AHCCCS data are bound by applicable laws, rules and AHCCCS directives. I agree to abide by all applicable laws, rules and AHCCCS directives, and I pledge to:

1. Reveal AHCCCS data only to those persons, whether outside or within AHCCCS, who have been specifically authorized to receive such data.
2. Only access AHCCCS data germane to my assigned job duties.
3. Never enter/alter/erase AHCCCS data for direct or indirect personal gain or advantage.
4. Never/ enter/alter/erase AHCCCS data maliciously or in retribution for real or imagined abuse, or for personal amusement.
5. Use AHCCCS computer programs, e-mail, terminals, printers, and/or other equipment only for work related purposes.
6. Never use another employee's AHCCCS Logon ID and password or ask another employee to reveal his/her personal AHCCCS Logon ID and password.
7. Never reveal my AHCCCS Log on ID and password except to the Assistant Director of my division, the Agency Director or Deputy Director, upon request.

In addition, I recognize that:

1. AHCCCS licenses the use of computer software from a variety of outside companies. Neither AHCCCS nor its employees own this software or its related documentation and, unless authorized by the software developer, do not have the right to reproduce or alter the software or the documentation.
2. AHCCCS employees should not acquire or use unauthorized copies of computer software.
3. When used on a local area network or on multiple machines, AHCCCS employees shall use the software in accordance with the license agreement.
4. AHCCCS employees who know of any misuse of software or related documentation within the agency shall promptly notify their manager/supervisor or Assistant Director.
5. According to U.S. Copyright Law, 17 USC Sections 101 and 506, illegal reproduction of software can be subject to criminal damages up to \$250,000 and/or up to five (5) years imprisonment.
6. The Arizona Attorney General's Office will not represent and the agency will not provide legal representation to an employee who is sued or prosecuted for the illegal reproduction of software.

Appropriate action will be taken to ensure that applicable federal and state laws, regulations, and directives governing confidentiality and security are enforced. A breach of procedure occurring pursuant to this policy or misuse of AHCCCS property including computer programs, e-mail, equipment and/or data may result in disciplinary action up to and including dismissal, and/or prosecution in accordance with any applicable provision of law, including Arizona Revised Statutes, Section 13-2316.

My signature below confirms that I have read this form and understand it. I accept responsibility for adhering to all applicable laws, rules and AHCCCS directives. Failure to sign this statement will mean that it will be denied access to AHCCCS data, computer equipment, and software.

NAME OF EMPLOYEE (Last, First, M.I.) Print or type	SIGNATURE	MAIL DROP	DATE
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**Form B**  
**AHCCCS-Electronic Data Exchange Request**

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## Form B-VPN Only

# AHCCCS-ELECTRONIC DATA EXCHANGE REQUEST

I. Contract Entity Information (Provider/Vendor/Other Entity) ID Number: \_\_\_\_\_

Entity Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contract Entity Authorization: (Person authorized to request adds or changes in Electronic Data Exchange)

Name	Position	Signature	Date
_____	_____	_____	_____ _____ _____

II. Submitter Information: (Submitters exchange data on behalf of one or more Contract Entities)

Submitter Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. Data Exchange Information Types: AHCCCS Information Owner Authorization

Membership rosters	AHCCCS Authorization:	_____
Provider Affiliation	AHCCCS Authorization:	_____
Provider Reference Information	AHCCCS Authorization:	_____
Encounter Submission	AHCCCS Authorization:	_____
Claims Submission	AHCCCS Authorization:	_____
CMPI-Service Plan Data	AHCCCS Authorization:	_____
Electronic Remittance Advice	AHCCCS Authorization:	_____
Other:	AHCCCS Authorization:	_____

Affirmation Statement: ☐ Attached ☐ On File

### 4. AHCCCS ISD Information

Mode of access: ☐ Tape ☐ FTP via Internet ☐ FTP via VPM  
User ID: \_\_\_\_\_ Password: \_\_\_\_\_  
Setup By: \_\_\_\_\_ Date: \_\_\_\_\_ Moved to Prod: \_\_\_\_\_

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**Form C**  
**Electronic Transmission**  
**of AHCCCS Fee-for Service Remittance Advice**



**Form C – Electronic Transmission  
Of AHCCCS Fee-for-Service  
Remittance Advice**



I am interested in receiving the AHCCCS Fee-for-Service Remittance Advice in the HIPAA 835 transaction code set format.

I understand that although my Remittance Advice will be transmitted electronically, my reimbursement check(s) will continue to be delivered by the U.S. Postal Service to the pay-to address(s) on file with the AHCCCS Administration Provider Registration Unit.

Provider/Group Name: \_\_\_\_\_

AHCCCS Provider Identification Number: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Names of Contact Persons: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Provider Or  
Authorized Representative: \_\_\_\_\_

Signature of Provider Or  
Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Mail this form to:      AHCCCS Electronic Claims Unit  
                                 MD 8600  
                                 701 E. Jefferson Street  
                                 Phoenix, AZ 85034

Or Fax to:              AHCCCS Electronic Claims Unit  
                                 (602) 253-5472

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# TESTING PROCEDURES

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Each entity interested in receiving electronic remittance advices from AHCCCS must successfully test prior to receiving weekly production data. All testing will be performed according to the following procedures:

## **Test File Submission**

Testing maybe accomplished via the following options:

- Generic file created by AHCCCS
- Entry of submitted paper test claims
- Processing of submitted test electronic file

You must notify the Electronic Claims Submission (ECS) Unit of the option you select.

## **Testing Contact**

The point of contact for all testing will be the Electronic Claim Submission (ECS) Unit (Division of Fee for Service). This unit may be reached at (602) 417-4706 or (602) 417-4892. The ECS Unit must be contacted prior to the submission of test file. The ECS Unit will coordinate all testing activities. This group is also responsible for granting production status to a submitting entity when testing has been successfully completed.

## **Feedback**

The results of each test should be communicated back from the receiver of the transmission to the ECS Unit.

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# TESTING REQUIREMENTS

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The following testing requirements must be satisfied before any production electronic remit files will be sent. Each requirement must be met for each form type being submitted. As with the production requirement, different form types may not be submitted in a single transmission.

## **Number of Test Transmission**

Minimum of two (2).

## **Transmission Volume**

Each successful transmission will contain at least 5 claims, where a claim is defined, for testing purposes, as “claim line” for the 1500 and “claim” for the UB92.

At least 1 transmission with multiple providers (if vendor will be receiving for multiple providers) must be successfully received and processed.